

Tom Barrett Mayor

Bevan K. Baker, FACHE Commissioner of Health

Frank P. Zeidler Municipal Building, 841 North Broadway, 3rd Floor, Milwaukee, WI 53202-3653

Sandra J. Rotar

Health Department Health Operations Administrator

www.milwaukee.gov/health

fax (414) 286-5990

# **Routine Food**

PARK PLACE HOSPITALITY LLC HILTON GARDEN INN 11600 W Park Pl Milwaukee,WI 2/17/2016

phone (414) 286-3521

The following list of violations of the Wisconsin Administrative Code as adopted by reference in the Milwaukee Code of Ordinances Chapter 68, and/or other City ordinance(s) must be corrected as soon as possible but not later than the date specified. A re-inspection fee may be assessed if the violation is not corrected by that date. An inspection fee may be charged for any repeat violations.

## CDC Risk Code Factor Violation(s)

Code Number	Description of Violation	Correct By
Personal Hygiene		
6-301.11	Soap dispenser at the bar handsink does not dispense soap. Make sure all handsinks are supplied with soap.	2/17/2016
6-301.14	Some handsinks did not have handwashing procedure signage. Provide a sign at all handwash sinks informing employees to wash their hands.	2/17/2016
CDC Risk Violation(s):	2	

## **Good Retail Practice Violations(s)**

Code Number	Description of Violation	Correct By
4-501.116	Sanitizer at bar grill area was less than 200ppm. Use a test kit to ensure QAC sanitizer is at 200ppm.	2/17/2016
4-601.11	<ul><li>A) Juice and soda dispensers in the waitress station have sticky residue build up.</li><li>B) Utensil pans have debris build up.</li><li>Clean and maintain all equipment.</li></ul>	2/17/2016
5-202.11	<ul><li>A) Mop sink does not have proper backflow prevention device attahced.</li><li>B) Warewashing machine is leaking at entrance rail.</li><li>C) Floor drain at warewash station is backed up and not draining properly.</li><li>Properly repair plumbing.</li></ul>	3/2/2016
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**Good Practice Violation(s):** 3

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## **Total Violations:**

### Notes:

CFM James Nowak 9/1/16 Variance procedure for par-cook is in process, to be completed 2/18/16

On 2/17/2016, I served these orders upon PARK PLACE HOSPITALITY LLC by leaving this report with

Inspector Signature (Inspector ID:114)

Operator Signature

Sundovale